

# United States Senate

COMMITTEE ON FINANCE

WASHINGTON, DC 20510-6200

April 21, 2010

## Via Electronic Transmission

John R. Corlett  
Medicaid Director  
Ohio Department of Job and Family Services  
State of Ohio  
30 East Broad Street  
Columbus, OH 43215

Dear Medicaid Director Corlett:

In the United States, the federal and state governments spend roughly \$317 billion every year on the Medicaid program. As Ranking Member of the Senate Committee on Finance, I have an obligation to ensure that taxpayer dollars are appropriately spent on federal health care programs. Like the Medicare program, Medicaid suffers from systemic weaknesses that lead to fraud, waste, and abuse across the program, resulting in higher costs and less health care to those who are in need. The overutilization of prescription drugs, whether through drug abuse or outright fraud, plays a significant role in the rising cost of our healthcare system. The purpose of this letter is to request information regarding certain outliers in Ohio's Medicaid program and what steps Ohio takes to monitor rates of utilization.

In recent inquiries, I have asked the U.S. Department of Health and Human Services about physicians prescribing mental health drugs at astonishingly high rates. In addition to these concerns, a recent CNN report detailed the increasing abuse of OxyContin, Roxicodone, and Xanax. Specifically, the report described the role some pain management clinics and physicians play in the black market for these drugs. I write today to better ascertain how high rates of both mental health and pain medication utilization are affecting the Medicaid program, as well as how Ohio's rates compare to the national rates.

To that end, please provide charts that list of the top ten Medicaid prescribers of the following drugs for the years 2008 and 2009. For each prescriber, please provide his/her prescriber identifier, and the number of prescriptions written per drug per year, and the total amount billed to Medicaid per drug, separated for each year.

- Abilify;
- Geodon;
- Seroquel;
- Zyprexa;

- Risperdal;
- OxyContin;
- Roxicodone; and
- Xanax.

I thank you in advance for your cooperation and request that you provide the requested documents and written responses by no later than May 5, 2010. In your reply, please format information into a chart like the examples provided below. All formal correspondence should be sent electronically in PDF format to [Brian\\_Downey@finance-rep.senate.gov](mailto:Brian_Downey@finance-rep.senate.gov) or via facsimile to (202) 228-2131. Of course should you wish to discuss this matter further, please do not hesitate to contact Christopher Armstrong of my Committee staff at (202) 224-4515.

Sincerely,



Charles E. Grassley  
Ranking Member

Attachment

**Drug X, 2008**

Prescriber Identifier	Total prescriptions	Total billed to Medicaid
123456789	25,000	250,000
234567891	24,000	240,000
345678912	23,000	230,000
456789123	22,000	220,000
567891234	21,000	210,000
678912345	20,000	200,000
789123456	19,000	190,000
891234567	18,000	180,000
912345678	17,000	170,000
012345678	16,000	160,000

**Drug X, 2009**

Prescriber Identifier	Total prescriptions	Total billed to Medicaid
123456789	25,000	250,000
234567891	24,000	240,000
345678912	23,000	230,000
456789123	22,000	220,000
567891234	21,000	210,000
678912345	20,000	200,000
789123456	19,000	190,000
891234567	18,000	180,000
912345678	17,000	170,000
012345678	16,000	160,000



**Department of  
Job and Family Services**

**Ted Strickland**, Governor  
**Douglas E. Lumpkin**, Director

August 13, 2010

The Honorable Charles E. Grassley  
Ranking Member  
Committee on Finance  
United States Senate  
Washington, D.C. 20510-6200

Dear Senator Grassley:

Attached please find Ohio Medicaid information in response to your request concerning specific Medicaid-covered drugs.

Please note we are unable to provide data for all prescriptions for all providers, so the data we have attached includes Medicaid reimbursed prescriptions only. The data does not include managed care claims or prescriptions paid for by Medicaid consumers who chose to pay cash for their prescriptions.

We are pleased to offer information you requested regarding Ohio's efforts to monitor rates of utilization. While efforts in the state of Ohio are being led by the inter-agency Ohio Prescription Drug Abuse Task Force launched by Governor Ted Strickland's April 2, 2010 Executive Order, Ohio Medicaid is taking a multi-faceted approach at addressing many of the concerns by:

- reviewing and where appropriate revising guidelines regarding limits on the amount of controlled substances that can be obtained within a calendar month
- training, educating and utilizing technology for the purpose of viewing up to two years of paid claims data for consumers utilizing Medicaid's pharmacy benefit
- assessing the options for treatment and/or rehabilitation
- redesigning the lock-in program that permits Ohio Medicaid to restrict consumers to a physician and/or pharmacy when appropriate
- identifying consumers with prescription drug utilization patterns that warrant further review and notifying each respective provider and/or pharmacist

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- collaborating with the Centers for Medicare and Medicaid to conduct audits of the top 25 prescribers of narcotics

Thank you for your leadership on behalf of cost effective health care for our citizens.  
Please feel free to call on us for any additional information.

Sincerely,

A handwritten signature in black ink that reads "Tracy J. Plouck/CCD". The signature is written in a cursive, flowing style.

Tracy J. Plouck  
Ohio Medicaid Director

Enclosure

**Fee- For- Service Ohio Medicaid****Top 10 Prescribers- Abilify****CY 2008**

Ordering Provider ID	Total Prescriptions	Total Payments
1	13,461	\$6,197,195.91
2	674	\$306,766.29
3	608	\$272,965.26
4	517	\$306,702.94
5	341	\$169,096.39
6	320	\$146,325.14
7	320	\$149,218.63
8	311	\$151,380.16
9	306	\$85,976.90
10	300	\$126,769.11

**Top 10 Prescribers- Abilify****CY 2009**

Ordering Provider ID	Total Prescriptions	Total Payments
1	13,825	\$6,710,032.78
2	830	\$374,271.49
3	448	\$234,773.33
4	442	\$183,124.92
5	413	\$197,726.74
6	398	\$205,726.43
7	391	\$253,504.82
8	380	\$118,368.13
9	359	\$177,009.73
10	342	\$193,692.69

**Top 10 Prescribers- Geodon****CY 2008**

Ordering Provider ID	Total Prescriptions	Total Payments
1	4,958	\$1,544,064.58
2	374	\$141,547.05
3	364	\$101,702.60
4	267	\$73,420.01
5	214	\$72,491.24
6	188	\$48,698.59
7	170	\$48,822.63
8	140	\$47,420.51
9	133	\$48,256.02
10	132	\$42,016.31

**Top 10 Prescribers- Geodon  
CY 2009**

Ordering Provider ID	Total Prescriptions	Total Payments
1	4,426	\$1,545,004.54
2	348	\$99,534.15
3	221	\$74,319.50
4	182	\$61,029.85
5	160	\$70,303.10
6	152	\$68,203.07
7	150	\$54,340.85
8	117	\$41,117.41
9	116	\$37,116.47
10	115	\$32,411.94

**Top 10 Prescribers- Seroquel  
CY 2008**

Ordering Provider ID	Total Prescriptions	Total Payments
1	20,433	\$5,556,518.15
2	925	\$256,391.19
3	709	\$300,566.87
4	680	\$74,644.87
5	630	\$173,647.58
6	628	\$130,593.63
7	608	\$180,504.72
8	578	\$179,431.74
9	568	\$83,157.85
10	568	\$144,994.23

**Top 10 Prescribers- Seroquel  
CY 2009**

Ordering Provider ID	Total Prescriptions	Total Payments
1	18,890	\$5,706,539.58
2	1,076	\$158,308.32
3	886	\$238,374.00
4	740	\$246,894.24
5	732	\$85,458.19
6	649	\$205,147.66
7	632	\$299,855.46
8	608	\$174,116.42
9	592	\$188,357.13
10	543	\$139,461.88

**Top 10 Prescribers- Zyprexa  
CY 2008**

Ordering Provider ID	Total Prescriptions	Total Payments
1	6,496	\$3,152,120.97
2	400	\$90,841.16
3	377	\$131,265.20
4	326	\$109,972.02
5	313	\$137,470.60
6	308	\$133,009.73
7	304	\$137,691.17
8	270	\$137,759.46
9	259	\$128,408.00
10	257	\$129,768.48

**Top 10 Prescribers- Zyprexa  
CY 2009**

Ordering Provider ID	Total Prescriptions	Total Payments
1	5,268	\$3,043,651.42
2	482	\$106,960.23
3	347	\$252,389.38
4	347	\$129,066.07
5	336	\$185,468.84
6	280	\$128,911.05
7	248	\$84,880.70
8	210	\$112,727.14
9	207	\$131,227.20
10	206	\$92,120.15

**Top 10 Prescribers- Risperdal  
CY 2008**

Ordering Provider ID	Total Prescriptions	Total Payments
1	21,182	\$5,428,479.20
2	1,019	\$273,068.70
3	754	\$217,638.27
4	716	\$154,628.60
5	715	\$58,998.26
6	650	\$175,671.08
7	588	\$115,520.59
8	539	\$100,553.56
9	516	\$133,413.32
10	481	\$123,621.69



**Top 10 Prescribers- Risperdal  
CY 2009**

Ordering Provider ID	Total Prescriptions	Total Payments
1	5,134	\$1,456,087.03
2	399	\$37,843.45
3	304	\$108,987.40
4	287	\$86,192.76
5	244	\$77,776.22
6	240	\$64,548.21
7	234	\$34,779.28
8	229	\$76,852.84
9	219	\$62,600.57
10	195	\$50,334.81

**Top 10 Prescribers- OxyContin  
CY 2008**

Ordering Provider ID	Total Prescriptions	Total Payments
1	3,452	\$1,417,768.18
2	978	\$476,544.37
3	283	\$69,982.41
4	243	\$31,081.40
5	192	\$74,640.68
6	178	\$78,655.73
7	161	\$24,156.21
8	144	\$61,168.36
9	131	\$82,055.48
10	123	\$5,628.78

**Top 10 Prescribers- OxyContin  
CY 2009**

Ordering Provider ID	Total Prescriptions	Total Payments
1	3,619	\$1,596,198.44
2	1,848	\$1,038,706.41
3	323	\$83,323.60
4	195	\$132,680.25
5	195	\$155,762.64
6	192	\$67,751.62
7	167	\$98,336.53
8	157	\$109,067.30
9	154	\$28,446.27
10	147	\$54,616.66

**Top 10 Prescribers- Roxicodone  
CY 2008**

Ordering Provider ID	Total Prescriptions	Total Payments
1	23	\$1,450.59
2	21	\$304.02
3	14	\$134.60
4	12	\$245.58
5	11	\$986.78
6	10	\$159.82
7	7	\$311.21
8	7	\$111.45
9	7	\$58.40
10	7	\$51.00

**Top 10 Prescribers- Roxicodone  
CY 2009**

Ordering Provider ID	Total Prescriptions	Total Payments
1	55	\$678.10
2	24	\$144.69
3	16	\$79.22
4	15	\$34.20
5	12	\$105.11
6	12	\$107.94
7	12	\$78.28
8	11	\$183.25
9	11	\$89.23
10	10	\$235.88

**Top 10 Prescribers- Xanax  
CY 2008**

Ordering Provider ID	Total Prescriptions	Total Payments
1	28	\$7,022.34
2	16	\$2,353.20
3	12	\$5,625.12
4	12	\$4,215.90
5	11	\$781.82
6	9	\$3,161.52
7	7	\$1,161.84
8	5	\$2,001.50
9	4	\$285.52
10	4	\$931.48

Top 10 Prescribers- Xanax CY 2009		
Ordering Provider ID	Total Prescriptions	Total Payments
1	15	\$2,283.70
2	14	\$4,841.04
3	13	\$4,568.12
4	11	\$820.58
5	11	\$1,396.01
6	11	\$5,412.02
7	10	\$1,791.42
8	10	\$1,662.52
9	8	\$1,527.04
10	5	\$1,237.10

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**United States Senate**

COMMITTEE ON THE JUDICIARY

WASHINGTON, DC 20510-6276

BRUCE A. COHEN, *Chief Counsel and Staff Director*  
KOLAN L. DAVIS, *Republican Chief Counsel and Staff Director*

January 23, 2012

**VIA ELECTRONIC TRANSMISSION**

Tracy J. Plouck  
Ohio Medicaid Director  
Department of Job and Family Services  
30 East Broad Street  
Columbus, Ohio 43215

Dear Ms. Plouck:

On August 13, 2010, your state provided my office with data regarding the top ten prescribers of several pain management and mental health drugs in your state. These types of drugs have addictive properties, and the potential for fraud and abuse by prescribers and patients is extremely high. Mental health drugs continue to be prescribed at astounding rates and pain management clinics are turning into a hotbed for black market painkillers. When these drugs are prescribed to Medicaid patients, it is the American people who pay the price for over-prescription, abuse, and fraud.

After an extensive review of prescribing habits of the serial prescribers of pain and mental health drugs in Ohio, I have concerns about the oversight and enforcement of Medicaid abuse in your state. While I am sensitive to the concerns of misinterpretation of the data you provided, the numbers themselves are quite shocking.

For example in 2009, the top prescriber of Abilify wrote 13,825 scripts—that is nearly 54 prescriptions per weekday. Likewise, the top prescriber of Seroquel wrote 18,890 scripts—which is nearly 73 prescriptions per weekday or 9 prescriptions per hour.

It is my intention to ensure that each of the states is adequately monitoring, investigating, and stopping fraud and over-prescription of these types of drugs. Therefore, please provide answers to the following questions:

1. What action, if any, has your agency taken with respect to the prescribers identified to the Committee?
2. If there has been no action taken with respect to these prescribers, please explain why not.
3. Please identify which of the providers identified to the Committee remain eligible to bill the Medicaid Program.
4. Please provide the 2010 and 2011 numbers for the top prescribers of these same drugs.
5. Has each of these prescribers been cross-checked for complaints or misconduct with the state medical board or the National Practitioner Data Bank? If not, do you plan to do so?
6. Have any of the prescribers identified to this Committee been referred to your state medical board?
7. Is there any system set up in your state to identify and monitor excessive prescription writing? If not, why not?
8. Have you received any training or guidance from the Centers for Medicare and Medicaid Studies to help identify potential issues with prescription drugs?
9. Does your state maintain a database of all prescribed controlled-substances? If so, what entities have access to it?
10. Does your state have any point-of-sale restrictions related to maximum units, prior authorization, therapeutic duplication, or early refill? If not, why not?
11. Were any of these top ten prescribers identified in the federal-mandated Drug Utilization Review or CMS-base retrospective reviews?
12. Does your state have any programs in place to educate providers about the prescription of antipsychotics to children and adolescents?

Thank you in advance for your cooperation and attention in this matter. When responding to this letter, please number your answers in accordance with my questions. I would appreciate a response by February 13, 2012. If you have any questions, please do not hesitate to contact Erika Smith of my staff at (202) 224-5225.

Sincerely,

A handwritten signature in blue ink that reads "Chuck Grassley". The signature is written in a cursive, flowing style.

Charles E. Grassley  
Ranking Member  
Committee on the Judiciary



**Department of  
Job and Family Services**

**John R. Kasich**, Governor  
**Michael B. Colbert**, Director

March 30, 2012

The Honorable Charles E. Grassley  
Ranking Member  
Committee on the Judiciary  
United States Senate  
Washington, D.C. 20510-6200

Dear Senator Grassley:

Attached please find information in response to your request concerning oversight and enforcement of Medicaid prescription drug abuse in the State of Ohio.

Thank you for sharing the committee's concerns. I want to emphasize that the Ohio Department of Job and Family Services' (ODJFS) Office of Ohio Health Plans (OHP), in partnership with our sister state agencies, legislators, stakeholders and law enforcement officials, are working tirelessly to ensure that prescribing abuse within Medicaid ends. We are treating prescription opiate abuse as a coordinated assault on our state which we intend to defeat.

I have reached out to our various bureaus within OHP to provide responses to your questions. As requested, the answers are displayed below your questions.

1. What action, if any, has your agency taken with respect to the prescribers identified to the Committee?

**Response:** We have researched our Medicaid Information Technology System (MITS) to determine whether we have terminated any of the providers Ohio identified in 2010. The following Medical Board Action has been taken to date: one citation has been issued, one prescriber's license has been suspended and one license has been permanently revoked. In addition, it was discovered that a prescriber moved out of the state and another did not renew their license in Ohio, so they are no longer eligible to bill.

2. If there has been no action taken with respect to these prescribers, please explain why not.

**Response:** In many instances, particularly in the case of the antipsychotics, the amount of prescribing did not appear to be inappropriate based on the number of patients seen. Data collection has improved greatly since 2008-2009. Many of the "prescribers" identified for 2008-2009 were not individuals, but were hospitals or a

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“default ID” that was used in our system when pharmacies did not report a prescriber’s National Provider Identifier (NPI) or Ohio Medicaid Provider number. For example, in your letter dated January 23, 2012, you mentioned that in 2009, the top prescriber of Abilify wrote 13,825 scripts, and the top prescriber of Seroquel wrote 18,890 scripts. The prescriber number in both of these instances was the same “default ID.” Therefore, these numbers do not represent the prescriptions written by individual prescribers. Instead, these numbers represent an aggregation of many individual prescribers who all used the same ID to bill ODJFS. These “default IDs” are no longer used. Medicaid now uses only NPIs and can more specifically identify prescribers.

3. Please identify which of the providers identified to the Committee remain eligible to bill the Medicaid program.

**Response:** Of the 61 individual prescribers identified in 2010, 54 remain eligible to bill for services.

4. Please provide the 2010 and 2011 numbers for the top prescribers of these same drugs.

**Response:** Please see the attached document.

5. Has each of these prescribers been cross-checked for complaints or misconduct with the state medical board or the National Practitioner Data Bank? If not, do you plan to do so?

**Response:** ODJFS is in compliance with CMS regulations requiring all State Medicaid programs to use the Medicaid and Children's Health Insurance Program State Information Sharing System's (MCSIS) Terminated Provider Portal to report Medicaid providers terminated "for cause" from state Medicaid programs beginning on January 1, 2010. Additionally, Ohio has reviewed all other states' terminated providers to be sure none are current providers in the Ohio Medicaid program. Ohio currently does not subscribe to the National Prescriber Data Bank, but we are exploring subscribing.

OHP's Provider Enrollment license verification and update process includes a review at initial application submission that all pertinent requirements for a specific provider type are met and documented by the provider. This process includes checking exclusion lists (General Services Administration Excluded Parties List and Office of the Inspector General Excluded Individuals Entity Search) for every provider application.

On a monthly basis, OHP receives updated physician license statuses from the state medical board. This is an electronic file of information that is compared to Ohio Medicaid providers. For all matches, various automatic updates take place. For



providers that have renewed their license, the new expiration date is entered. If a provider's license is revoked, suspended, or lapsed, the system automatically end dates the provider agreement so claims after the license is no longer active are denied.

Our goal for the future is to develop more system interfaces and increased collaboration with various licensing boards in the state of Ohio to have a real-time exchange of license status information for the Medicaid program.

The prescribers identified for this request that are high prescribers of controlled substances have been checked with the Ohio Medical Board, and several are no longer able to bill Medicaid. The medical board has suspended or revoked the licenses of four prescribers identified in either 2010 or with this request.

6. Have any of the prescribers identified to this Committee been referred to your state medical board?

**Response:** None have been referred by Ohio Medicaid. However, the medical board has issued citations to two prescribers with an opportunity for a hearing.

7. Is there any system set up in your state to identify and monitor excessive prescription writing? If not, why not?

**Response:** Yes. Effective January 1, 2012, a Medicaid recipient whose service utilization demonstrates a pattern of receiving services at a frequency or amount that exceeds medical necessity may be enrolled in a coordinated services program (CSP). Medicaid managed care plans (MCPs) are required to implement CSPs, and recipients receiving Medicaid services on a fee-for-service basis may also be enrolled in a CSP.

A Medicaid recipient assigned to the CSP program for pharmacy services must obtain all covered, non-emergency pharmacy services from a single designated pharmacy. A recipient may also be assigned through the CSP program to a single designated physician or advanced practice nurse; and thus be required to receive all covered physician services from the designated provider except for emergency services and services received by referral.

Below includes further efforts the State of Ohio has initiated to continue fighting prescription opiate abuse:

House Bill (HB) 93 was passed in 2011 creating licensing for pain clinics. The bill requires a higher vigilance of controlled substances and lock-in programs in Medicaid, including Medicaid MCPs, and the Ohio Bureau of Workers' Compensation. In addition, from January 2011 through January 2012, the state medical board issued 42 sanctions based on inappropriate prescribing. Because of HB 93, the medical board is working with professional associations, sister state

agencies, stakeholders and the legislature to address issues and concerns learned through the bill's implementation.

Governor John Kasich has created a statewide Opiate Cabinet Action Team to bring together departments including the Ohio Department of Alcohol and Drug Addition Services (ODADAS), the Ohio Department of Health, Ohio Medicaid and law enforcement officials. The cabinet members' goals are to increase treatment quality and availability for people in need of pain management care and opiate addiction treatment including patient and family support, and to reduce opiate addiction and overdose-related deaths. Because of these efforts, twelve "pill mills" have been shut down.

ODADAS and ODJFS are collaborating on a study of Medicaid consumers to identify high use of opiates, and to work toward enforcement action and prescribing guidelines.

In August of 2010, ODJFS entered into a collaborative project with representatives of The Centers for Medicare and Medicaid Services (CMS) to identify Ohio's top prescribing physicians of controlled substances and to develop a plan for addressing their potential overprescribing activity. The Surveillance and Utilization Review Section identified the top potentially over-prescribing providers by creating a report of all prescribing doctors during calendar year 2009. From the list, three physicians were selected for audit. CMS, utilizing their Audit Medicaid Integrity Contractor (MIC), selected a statistically valid sample of each physician's claims for examination. Audits of the medical records were performed and the reports have been drafted. Referrals to the licensing board and law enforcement will occur as appropriate based on the information uncovered.

8. Have you received any training or guidance from the Centers for Medicare and Medicaid Studies to help identify potential issues with prescription drugs?

**Response:** Yes. CMS has offered assistance with auditing at Ohio's request, but we are not aware of any guidance or training that CMS has offered to states.

9. Does your state maintain a database of all prescribed controlled-substances?

**Response:** Yes, the Ohio Automated Rx Reporting System (OARRS) is maintained by the Ohio Board of Pharmacy.

10. Does your state have any point-of-sale restrictions related to maximum units, prior authorization, therapeutic duplication, or early refill? If not, why not?

**Response:** Yes. Point-of-sale restrictions are enforced for maximum units and/or dose per day for many controlled substances. Prior authorization is necessary for highly abused drugs including all branded long-acting opiates. Early refills are not allowed and pharmacies are alerted to therapeutic duplication.

11. Were any of these top ten prescribers identified in the federal-mandated Drug Utilization Review or CMS-based retrospective reviews?

**Response:** Of the 61 unique prescribers identified in 2010, 32 have been contacted through the retrospective Drug Utilization Review program about patients who received controlled substance prescriptions that may be inappropriate (high dose, duplicate therapy, or multiple prescribers). Of the 67 unique prescribers reported in this letter, 46 have been contacted on these subjects.

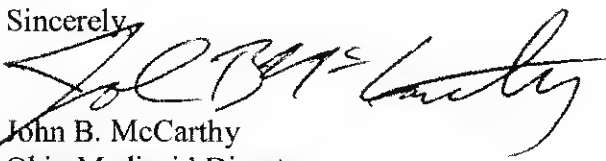
12. Does your state have any programs in place to educate providers about the prescription of antipsychotics to children and adolescents?

**Response:** Yes. BEACON: Best Evidence for Advancing Childhealth in Ohio NOW is a statewide collaboration among individuals and organizations that seeks to encourage and support initiatives that achieve measurable improvements in children's healthcare and outcomes through improvement science. The organization's steering committee hosted a retreat in February 2012 with topics featuring the appropriate use of antipsychotics for children under the age of six, and the appropriate use of antipsychotics for children receiving more than one antipsychotic. Key Drivers Diagrams provided to stakeholders at the retreat suggested strategies and initiatives to address those issues.

Another resource for providers is The Pediatric Psychiatry Network (PPN) within the Ohio Department of Mental Health. The PPN is a technologically supported system that allows primary care providers to receive help from child psychiatrists quickly so children can be properly treated for behavioral health conditions.

Thank you for your leadership on behalf of improving health care for our citizens. Please feel free to call on us for any additional information.

Sincerely,



John B. McCarthy  
Ohio Medicaid Director